think of for his comfort, and a nurse may begin at once to win his confidence by showing that she has anticipated his wants, and that he need take no thought for the preparation which must be instituted at once, quietly, and in an efficient, orderly manner. Do not ask unnecessary questions; do not betray confidences; do not indulge in talk, nor expose the patient, nor spring things suddenly upon him, nor neglect any part of your duty.

Towards the medical profession, or the confraternity of nurses, special courtesies should be extended. Our services should be given without fee to all those who risk their own lives in seeking to save life. We shall naturally wish to give of our best to those trained to know the best. And we shall find that in the blending of these two qualities, intelligent observation and courtesy, we shall prove ourselves honorable members of our profession.

SPECIAL FEEDING.

By KATHARINE DE WITT
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In those disorders of the system in which diet plays an important part, it is necessary that the nurse should understand the patient's condition and the principles on which the feeding is based, that she may work intelligently in fulfilling the doctor's orders. By her skill and ingenuity she may make the limited bill of fare less a burden to the patient and may even insure the success of an experiment which might fail in the hands of one whose patience was not sustained by a clear understanding of the results aimed at.

I. *Affections of the heart.*—No two organs are more closely related than the heart and the stomach, and the disturbance of one often affects the state of the other. Cardiac troubles are often accompanied by digestive disturbances. The liver is congested, the character of the bile may be changed, there is a tendency to gaseous distension of the stomach and bowels, the quantity of hydrochloric acid secreted by the stomach may be lessened, and assimilation and nutrition both suffer. If the stomach is distended, either by too much food or by gas, the diaphragm is pushed up and the heart displaced, causing palpitation and dyspnœa. Over-feeding is also responsible for a residue of undigested food in the intestine, giving rise to fermentation and flatulence there.

Given these facts, a reasoning person would come to the conclusion that the food must be of a nourishing, asily-digested character; that it must be properly cooled, and that no more food should be

taken at a time than the patient can easily digest. We may here carry our reasoning too far and conclude that a liquid or very light diet, at frequent intervals, would be best, but this is a mistake in most cases—digestion and assimilation are both slow, and therefore food is not to be taken at short intervals. Ample time—four or five hours—should be allowed for the stomach to empty itself, before giving it fresh material to work on. Regularity should be observed as to meal hours, and no eating between allowed. The meals should be of about equal size; the midday meal may be a little heavier than the others, and the evening meal should be somewhat lighter. If the quality of the food is good, it is surprising upon how small an amount a person can thrive and be comfortable.

Theoretically, a cardiac patient should be given food rich in proteids, for these are tissue-forming and are not balky in character, avoiding carbohydrates—starches and sugars—which tend to produce gas; and limiting the fats, which are badly absorbed by this class of patients. Practically it is impossible to follow this line too closely, or the general health will suffer, and a doctor usually allows his patients a small proportion of the carbohydrates, especially if the digestive disturbances are not severe. Patients who are anæmic are given a liberal allowance of beef, eggs, milk, fruits, and the vegetables which are rich in iron-forming compounds, such as peas, lentils, string-beans and spinach. Those inclined to constipation are given a diet to correct it. If there is much œdema, the food must be concentrated in form. If there are kidney complications, a milk diet may be ordered for a time, or it may be ordered to give a rest to the digestive system and to lower arterial tension. The milk should be slightly heated and given in moderate amount at regular intervals. A cup of hot water, an hour before a meal, often aids the absorption of the contents of the stomach and clears the way for fresh food.

Babcock gives the following list of foods for heart patients: Rare meats, especially mutton and beef; poultry, game birds, fish, oysters, especially raw; eggs, milk, the vegetables named above, celery, lettuce, greens, young onions, mushrooms, and asparagus, if there are no kidney complications. Tomatoes, cabbage, cauliflower and turnips are apt to disagree, but may be given if they do not. Beets and corn contain sugar and are apt to produce flatulence. All meats should be roasted, broiled or stewed, not fried, and they should be free of gravy. Cottage and cream cheese may be used. Fruits should be given at the close of a meal, as less likely to produce gas, and should be fresh and ripe. Apples are good, especially if baked. Carbohydrates, when allowed, should be given in their least objection-

able form—toast, zweiback, light crackers, and pulled bread. Rice and cereals may be used in moderate amount, and potatoes, if allowed, must be well baked and mealy. Articles usually forbidden are sweet potatoes, cake, griddle cakes, most desserts, candy, canned fruits, highly seasoned food, condiments and fancy dishes.

Where there is much indigestion, the menu should be simple. Sometimes it is better to give carbohydrates and animal foods separately. For instance, at meals where meat is used, give only vegetables and relishes with it. During an acute attack of heart trouble, a patient must have a much lighter, though nutritious diet—milk, beef-juice, raw egg, soup, broth, wine jelly, trapon, and somatose.

The amount of liquids taken is a very important matter and is carefully watched. If too much is taken, the blood-vessels are distended, arterial tension is greater, and the work of the heart is increased; the stomach is distended, also, causing shortness of breath. On the other hand, if an insufficient amount be taken, the blood-pressure may be too greatly lowered, and there may not be free diuretic action. The doctor will usually state definitely the amount of fluid allowed, and this includes all liquids—soup, tea, coffee, etc., not merely water. Liquids which may be taken are, weak tea and coffee, buttermilk, kumiss, malted milk, and milk. These should be of a medium temperature, neither iced nor very hot.

(To be continued.)

THE ALLEVIATION OF THE DISCOMFORTS FOLLOWING ANÆSTHESIA.*

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The after-treatment of every surgical operation consists in rest. It is most essential to prevent the ligatures giving way, and to lessen the likelihood of irritation of the stomach, and vomiting. The patient frequently feels a great deal of distress following the administration of ether; some of which can be relieved, so aiding to give the one needful thing—perfect rest.

Perhaps the most valuable of these relieving measures are those taken before the operation; as, for instance, the withholding of solid food the day previous, thus lessening the irritation of the stomach; the drinking of a quantity of water, thus lessening the likelihood of any irritation of the bladder; catharsis and enemata given to evacuate

* Awarded the prize of $75 offered by the School.